



Department of Human Services  
195 North 1950 West  
Salt Lake City, UT 84116

Name of Contractor:

## CONFLICT OF INTEREST - DISCLOSURE STATEMENT

Does any employee  
in your organization  
have a conflict of  
interest or potential  
conflict of interest?

YES

(Please use a separate form for each employee with  
a conflict or potential conflict, and complete all  
applicable portions of the form. Attach additional  
sheets as needed.)

NO

(Please complete the signature section below.)

### Dual Employment *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:

Title or position with the State of Utah or political  
subdivision:

Title or position with the Contractor:

Nature and value of the individual's interest in  
Contractor's business entity:

Individual's decision-making authority with the  
Contractor and with the State:

How does the Contractor protect DHS from  
potentially adverse effects resulting from this  
individual's Conflict of Interest?

### Related-Party Transactions or Independent Judgment Impaired

Name and position or title  
of individual with Conflict  
of Interest:

(individual associated  
with Contractor):

(individual associated  
with other party):

Relationship between identified individuals:

Description of transaction involving identified  
individuals and dollar amount (if any):

Decision-making authority of individuals with respect to  
that transaction:

Potential effect on this Contract with DHS:

How does the Contractor protect DHS from potentially  
adverse effects resulting from this identified Conflict of  
Interest?

Name of Contractor:

#### Signature:

I hereby certify that the information I have given is true  
and complete to the best of my knowledge.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

Date:

**Notary:** *(Must be completed for all dual employment conflicts of interest)*

STATE OF \_\_\_\_\_ )

: ss.

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(Seal)

NOTARY PUBLIC \_\_\_\_\_

Commission Expires \_\_\_\_\_

DHS/ \_\_\_\_\_ Action: ☐ Approve ☐ Deny ☐ Refer to BIRA

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS/ \_\_\_\_\_ Action: ☐ Approve ☐ Deny ☐ Refer to BIRA

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS/ \_\_\_\_\_ Action: ☐ Approve ☐ Deny ☐ Refer to BIRA

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*"Approve" means the Agency has no reason to question the accuracy of a "no conflicts" declaration or, in those situations where a conflict has been declared, that the Agency has taken sufficient action to determine the facts declared by the Contractor do not constitute a prohibited conflict of interest.

\*\*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").

**BIRA Action Upon DHS/ Referral:** ☐ Approve ☐ Deny ☐ Other: \_\_\_\_\_

Revision Date: April 23, 2004